## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions of	on the back)
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Federal Agency and Organizational Element	1	ions on the back)	SAMIC	9		
to Which Report is Submitted	Federal Grant or Other Identifying Number Assigned     By Federal Agency			OMB Approval	Page o	ıF
Denali Commission	170-05			0348-0038	1	1
3. Recipient Organization (Name and complete add	ress, including ZIP code)			<u></u> _	pa	2ge
Alaska Village Electric Cooperative, Inc. 4831 Eagle Street, Anchorage, Alaska 9						
Employer Identification Number     920035763	5. Recipient Account Number or Identifying Number		6. Final Report	7. Basis		
8. Funding/Grant Period (See instructions)		9 Pariori Courses &	<u> </u>	☑ Cash	Accrual	
	To: (Month, Day, Year)	From: (Month, Day,	Covered by this Report			
2/1/2005 10. Transactions:	12/31/2007	7/1/2006	To: (Month, Day, Ye 9/30/2006		, <b>Ye</b> ar)	
10. Hansacions.		Previously Reparted	lf This Period	III Cumulat	ive	
a. Total outlays		19,179,772.00	4,027,395.00 23,207,1		07,167	.00
b. Recipient share of outlays		2,539,278.00	1,358,168.00	3,897,446.00		
c. Federal share of outlays		16,640,494.00	2,669,227.00	19,309,721.0		.00
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						_
f. Federal share of unliquidated obligations						
g. Total Federal share(Sum of lines c and f)				19,30	9,721.	00
h. Total Federal funds authorized for this funding period				29,53	34,351.	00
i. Unobligated balance of Federal funds/Line h i		·		10,22	4,630.	 00
a. Type of Rate(Place "X" in a	· _		·			_
11. Indirect Provisions		etermined	Final	Fixed		
Expense b. Rate		d. Total Amount		ederal Share		
<ol><li>Remarks: Attach any explanations deemed nece legislation.</li></ol>	ssary or information required	d by Federal sponsoring a	gency in compliance wi	h governing		
3. Certification:   pertify to the best of my knowle	adan and first state of the	<del></del>				j
Certification: I certify to the best of my knowle unliquidated obligations are for	the numbers set forth in t	port is correct and com	plete and that all outla	ys and		
yped or Printed Name and Title	are hothoses set totto itt		Fatanlana 46	<del></del>	_	
Jeens Kohler Provident and CEO		Telephone (Area code, number and extension)				
gnature of Authorized Certifying Official		(907) 561-1818  Date Report Submitted				
Mark & Jost Sit			October 30, 2006			
SN 7540-01-218-4387	269-20			adami Faran 2004	<u> </u>	

ACCEPTED



Prescribed by OMB Circulars A-102 and A-118